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10,18/84 NMEID spector **NEW MEXICO** HAZARDOUS WASTE COMPLIANCE INSPECTION REPORT TSD FACILITIES CHECKLIST Date of Inspection: Facility:_ Section A -- General Facility Standards. Does the facility have an EPA Identification No.? [206.B.1. -Identification Number] V_Yes ___No a. If yes, EPA I.D. No. NMF 08321233 2 If no, explain 2. Has facility received hazardous waste from a foreign source? Yes VNo [206.B.2. - Required notices] Yes No No No a. If yes, has he filed a notice with the Director? Waste Analysis: 3. Has the owner/operator obtained a detailed chemical and physical analyses of representative samples of all hazardous V Yes wastes prior to treating, storing or disposing of those wastes? a. Have the analyses been repeated as the process or operations generating the wastes change? Changes No ** b. For off-site facilities are analyses repeated when the waste received does not match the waste identified on the V Yes X No accompanying manifest? Damming + Rio Rancho For off-site facilities, is each shipment of hazardous waste received at the facility inspected and if necessary, analyzed to determine if it corresponds to the waste listed on the V Yes accompanying manifest? 5. Does the facility have a written waste analysis plan? Yes No (206.B.3. - General Waste Analysis) Yes _ a. If yes, is a copy maintained at the facility? If yes, does the plan include the following: Parameters for which each waste will be analyzed and the rationale for selection of these parameters? ∨ Yes b. Test methods used to test for these parameters? c. Sampling method used to obtain a representative sample? d. Frequency with which the initial analysis will be reviewed or Yes No

1. If yes, does it include the requirements to re-test when

the process or operation generating the waste has changed? V Yes No

repeated?

				annound .
1	a /For off site facility. Waste analyses that governor			
**	e. (For off-site facilities) Waste analyses that generators i ve agreed to supply? ನಿರ್ವರ್ಷವಾಗು ಎಂದು ಎ	Yes	XNo 4	the
	 f. (For off-site facilities) Procedures which are used to inspect and analyze each shipment of hazardous waste received at the facility, including: 			
	Procedures to be used to determine the identity of each movement of waste?	✓ Yes	No	
	2. Sampling method to be used to obtain representative sample(s) of the waste to be identified?	Yes	No	
7.	Does the facility provide adequate security to minimize the possibility for the unauthorized entry of persons or livestock onto the active portions of the facility? [206.B.4 Security]	✓ Yes	No	
	If no, describe describe the situation at the facility; document the facilities exemption if applicable.			
	If not exempt, is security provided through:			
	a. 24-hour surveillance system which continously monitors and controls entry onto the active portion? (e.g. television monitoring or quarts)	Yes	No	
	b. 1. Artificial or natural barrier completely surrounding the active portion? (e.g. fence or fence and cliff)? Describe type of security: Jence lockel gates	✓ Yes	No	
	AND 2. Means to control entry at all times through the gates or other entrances to the active portion(e.g. attendant, television monitors, locked entrance, controlled roadway access)? Describe type of security: Controlled gates access blds passes Include a drawing indicating any inadequacies in the facilities security system.	Yes affenden		
8	Is a sign with the legend, "Danger - Unauthorized Personnel Keep Out," posted at the entrance and at other locations in sufficient numbers to be seen from any approach to the the active portion? [206.B.4 Security]	√ Yes	No	
	Is it written in English and Spanish and legible from at least 25 feet?	✓ Yes	No	
	If an existing sign with a legend other than "Danger - Unauthorized Personnel Keep Out," what does the legend say?	VIA	_	
9	eneral Inspection Requirements.		.,	
9	a. Does the owner/operator maintain a written schedule for inspecting: [206.B.S General Inspection Requirements]			
	Monitoring equipment? (If applicable)	Yes	No	NIA
	2. Safety and emergency equipment?	₩ Yes	No	

3.	Security devices?	₹ Yes	No	
4.	Operating and structural equipment? (If applicable)	Yes	No	N/4
	Does the schedule or plan identify the types of problems to be looked for during inspection?	∠ Yes	No	
	 Malfunction or deterioration (e.g. inoperative sump pump, leaking fitting, eroding dike, corroded pipes or tanks, etc.). 	∠ Yes	No	
	b. Operator error.	∠_Yes	No	
	 Discharges (e.g. leaks from valves or pipes, joint breaks, etc.). 	∠Yes	No	
	written schedule for these inspections maintained at facility?		No	
1.	Are these inspections conducted?	<u> </u> ✓Yes	No	
	 a. Is a record of these inspections maintained in the inspection log? 	✓ Yes	No	
	the owner/operator have an inspection log? [206.B.5 al Inspection Requirements]	∠ Yes	No	
a. If y	es, does it include:			
1.	Date and time of inspection? date only	Yes	∠No	
2.	Name of inspector? in hals	Yes	_VNo	
3.	Notation of observations? "fems " "ad	∠_Yes	No	
4.	Date and nature of repairs or remedial action?	Yes	No	NA
the	e there any malfunctions or other deficiencies noted in e inspection log that remain uncorrected? (Use narrative planation sheet)	Yes	No	N/4
	e records of the inspection log maintained at the cility for three (3) years?	Yes	No	
Personne	el Training.			
	the owner/operator maintain a personnel training program? 3.6 Personnel Training]	_ V Yes	No	
a. Ha	ove facility personnel successfully completed a program of sssroom or on-the-job training? Feb. 26, 85	<u>∨</u> Yes	No	
b. Do	pes the training program include instruction in the following:			
1.	Procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment.	Yes	No	
2	Key parameters for automatic waste feed cut-off systems.	Yes	No	NIA

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		Operation of communication or alarm systems.	YesNo
		 Response to fires, explosions and groundwater contamination incidents. 	YesNo
		5. Shutdown of operations.	YesNo
		5. General hazardous waste management procedures.	¥YesNo
(s the program directed by a person trained in hazardous waste management procedures?	∠ YesNo
(s the program designed to prepare employees to respond effectively to hazardous waste emergencies?	V YesNo
•	2.	s a training review given annually?	YesNo
1		Does the owner/operator keep the following records:	
		 Job title, job description and the name of employee for each position at the facility related to hazardous waste management 	✓YesNo
		2. Description of the type and amount of introductory and continuing training to be provided for each position?	✓YesNo
		3. Documentation that training has been given to employees?	VYesNo
	g.	Are these records maintained at the facility?	VyesNo
12.	Do [20	es the facility handle ignitable or reactive waste(s)? 6.B.7 Ignitable, Reactive incompatible Wastes] cole appropriate type(s) of waste(s)] If yes, is waste separated and confined from sources of ignition or reaction (e.g., open flames, smoking, cutting and	VYes No
		welding, hot surfaces, frictional heat), sparks (static electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radient heat?	∠YesNo
	b.	Are smoking and open flame confined to specifically designated locations?	YesNo
	c.	Are "No Smoking" signs posted in hazardous areas where ignitable or reactive wastes are handled?	YesNo
	d.	Is waste handled in a manner which generates extreme heat, pressure, violent reaction, toxic fumes or other dangers to human health or the environment?	Yes
Sec	tic	n B Preparedness and Prevention.	
1.	en	here evidence of fire, explosion or contamination of the vironment? [206.B.9 Maintenance and operation of ility]	YesNo
	If y	es, use narrative explanation sheet to explain.	

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2.	ist	the facility equipped with [206.8.9.(c) Required equipment]:			
	a	Internal communications or alarm system?	V Yes _	No	
		Is it readily accessible in case of emergency?	V Yes _	No	
	b.	Telephone or two-way radio to call emergency response personnel?	V Yes _	No	
	c.	Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment?	Yes	No	
		1. Is this equipment tested to assure its proper operation?	V Yes _	No	
	d.	Water of adequate volume for hoses, sprinklers or water spray system?	v_Yes _	No	
		1. Describe source of water: NM Utilities (Pr. v own fub .	til)		
		2. Indicate flow rate and/or pressure and storage capacity, if applicable: N/A 110 651			
	pe ba [2	there sufficient aisle space to allow unobstructed movement of ersonnel and equipment? (e.g. adequate aisle space in between arrels to check for leakage, corrrosion and proper labeling, etc.) 06.B.9.(g) Required Aisle Space] as the owner/operator made arrangements with the local authority familiarize them with characteristics of the facility? (e.g., layout		No	
	ha w at	facility, properties of hazardous waste handled and associated azards, places where facility personnel would normally be orking, entrances to roads inside facility, posssible evacution routes) [(206.B.9.(h) Arrangements with local authorities]	<u>/</u> Yes _		
		rangements?	Yes	No	WA
5.	m [2		_✓Yes _	No	
	If	yes, indicate the primary authority: Parales Hillo Berollis	G FU		
	a.	Is the fire department a city or volunteer fire department?			
6.	S	oes the owner/operator have phone numbers of, and agreements tate emergency response teams, emergency response contractors and emergency suppliers? [206.B.9.(h) Arrangements with local actions in the contractors are suppliers?		No	
	A	re they readily available to the emergency coordinator?		No	
7.	w	as the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of pjuries that could result fron fire, explosions, or releases the facility? [206.B.9.(h) Arrangements with local authorities]	VYes _	No	
		no, has the owner/operator attempted to do this?		No	0/1

 If the State, or local authorities, decline to enter into the above referenced agreements, has this situation been entered in the operating record? [206.8.9.(h) Arrangements with local authorities] 	YesNo N/A
Section C Contingency Plan and Emergency Procedures.	
Does the facility have a contingency plan? [206.B.10 Content of Contingency Plan]	
a. If yes, does it contain:	
1. Actions to be taken in response to emergencies?	No
2. Description of arrangements with police, fire and hospital officials?	VyesNo
3. List of names, addresses, phone numbers of persons qualified to act as the Emergency Coordinator?	YesNo
4. List of all emergency equipment at the facility?	No
5. Evacuation plan for facility personnel?	No
 Is a copy of the contingency plan maintained at the facility? [206.B.10.(j) Copies of Contingency Plan] 	YesNo
 Has a copy been supplied to the local police and fire depts.? [206.B.10.(j) Copies of Contingency Plan] 	No
4. Has the contingency plan been amended as necessary?	VYesNo
 Is the plan a revised SPCC Plan? [206.B.10 Content of Contingency Plan] 	YesNo
Is there an emergency coordinator on-site or within short driving distance of the plant at all times?	VYesNo
If yes, list primary emergency coordinator: Pal Durkin	
Section D Manifest System, Recordkeeping and Reporting.	
Has the facility received hazardous waste from off-site since November 19, 1980? [203.C.1.(a) Use of Manifest System]	YesNo
a. If no, questions 1, 2, and 3 are not applicable.	
b. If yes, does the facility retain copies of all manifests?	No
 Are the manifests signed and dated and returned to the generator? 	No
2. Is a signed copy given to the transporter?	YesNo
Has the facility received any hazardous waste from a rail (bulk shipment) transporter since Nov. 19, 1980? [203.C.1.(b) Use of Manifest System]	Yes VNo
a. If yes, is it accompanied by a shipping paper?	YesNo N/s
a. If yes, is to accompanied by a simplify paper.	

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1.	Does the owner/operator sign and date the shipping paper and return a copy to the generator?	Yes	_No N/A
- 2.	Is a signed copy given to the transporter?	Yes	_No {
Nover	re facility received any shipments of hazardous waste since nober 19, 1980, which were inconsistent with the manifest? C.1.(d) Manifest Discrepancies	Yes	_No
	res, has he resolved the discrepancy with the generator d transporter?	Yes	_No N/A
1,	If no, has the Director been notified?	Yes	_NO NA
the sn	ne facility received any waste (that does not come under mall generator exclusion) not accompanied by a manifest? C.3.(b) Unmanifested Waste Report]	Yes	✓No A
	ves, has he submitted an unmanifested waste report the Director?	Yes	_No NA
	the facility have a written operating record? C.2.(c) Operating Record]	Vyes _	No
a. Is	a copy maintained at the facility?		No
b. Do	pes the record include:		
1.	Description and quantity of each hazardous waste and the methods and dates of its treatment, storage or disposal at the facility?	✓ Yes _	No
2.	Location and quantity of each hazardous waste at each location?	V Yes _	No
	Is this information cross-referenced with specific manifest numbers, if applicable?	Yes _	No
3.	(For disposal facilities only) Is the location and quantity of each hazardous waste recorded on a map or diagram of each cell or disposal area?	Yes	_No N/A
4.	Record and results of waste analyses?	Yes _	No
5.	Reports of incidents involving implementation of the contingency plan? (If applicable)	Yes _	_No NA
6.	Records and results of required inspections?	V Yes _	No
7.	Monitoring, testing or analytical data where required?	Yes _	No
8.	Closure cost estimates and for disposal facilities post-closure cost estimates?	✓ Yes _	No
Section	E Plans and Reports.		
1. Have	all plans and reports been visually inspected and/or been available for inspection? [203.C.2.(d) Availability, retenti	on	
and o	disposition of records)	Yes _	No

List plans and/or reports not made available for inspection:
Did operator provide inspector with a drawing of the facility? YesNo
a. If yes, please indicate which are hazardous waste facilities on the drawing. See Part A atchid to Severator of
3. Indicate the types of hazardous waste facilities: _───────────────────────────────────
Tanks Surface Impoundments Waste Piles Land Treatment Landfill
Incinerator Thermal Treatment Chemical, Physical and Biological Treatment Groundwater Monitoring Program
Comments: Or you have a copy of NMHWMIZ-1984? Was No.
* No discrepancies noted, therefore none remain uncorrected.
of inspection note: The inspection sheet is
theeked "V", no observations are noted. The form lists the areas - Container Storage,
ST and security. The written intornersons
specify areas to be looked as
items to look for.
items to look for. * The WAP does not address receipt of Note wastes from Sparton's Rio Rancho or Damin, Facilities.
facilities.